						•					
Fill	in this informa	tion to identify yo	our case:								
Deb	Jason M. Lesko						Check if this is: An amended filing				
Deh	tor 2	Magan Alay	oo Coy L	naka		_	· ·	ving postpotition chapter			
Debtor 2 (Spouse, if filing) Megan Alayna Gay-Lesko						A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ed States Bankı	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	_	MM / DD / YYYY				
	e number 17	7-17382									
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your	Exper	ises				12/15			
Be info	as complete ormation. If m	and accurate as	possible.	. If two married people ar				or supplying correct			
Par		ribe Your House	ehold								
1.	Is this a joir										
	□ No. Go to		_								
	■ Yes. Doe	es Debtor 2 live	in a separ	ate household?							
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.				
2.	Do you hay	e dependents?	■ No								
۷.	•	•	_								
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents	names.						Yes			
								□ No			
								☐ Yes			
								□ No			
								☐ Yes ☐ No			
								☐ Yes			
3.	Do your exp	oenses include	_	No				□ 163			
	expenses o	f people other t d your depende	han ┌┌	Yes							
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Fynenses							
Est exp	imate your ex	kpenses as of year date after the l	our bankr	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed lemental Schedule	orm as a sup J, check th	oplement in a Cha e box at the top o	apter 13 case to report of the form and fill in the			
				government assistance i							
	ficial Form 10						Your exp	enses			
4.	 The rental or home ownership expenses for your residence. Include first morto payments and any rent for the ground or lot. 							1,650.00			
	If not include	led in line 4:									
	4a. Real	estate taxes				4a. \$		0.00			
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b. \$		0.00			
		•	•	upkeep expenses		4c. \$		150.00			
_		owner's associat				4d. \$		257.00			
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00			

Willities Sea Electricity, heat, natural gas 6a \$ 235.6 Sea Electricity, heat, natural gas 6b \$ 63.0 Sea Electricity, heat, natural gas 6b \$ 63.0 Sea Telephone, cell phone, Intermet, satellite, and cable services 6c \$ 30.0 Sea Other, Specify 6d \$ 0.0 Sea Childcare and children's education costs 7. \$ 650.0 Childcare and children's education costs 8. \$ 0.0 Childcare and children's education costs 1. \$ 130.0 Childcare and children's education costs 1. \$ 120.0 Childcare and children's education costs 1. \$ 120.0 Childcare and children's education costs 1. \$ 120.0 Personal care products and services 10. \$ 122.5 December 1. \$ 200.0 Personal care products and services 11. \$ 200.0 Personal care products and services 11. \$ 200.0 Personal care products and services 12. \$ 450.0 Do not include gas, maintenance, bus or train fare. 20.0 Do not include car payments 1. \$ 0.0 Charitable car payments 1. \$ 0.0 Sea	ebtor 1	Jason M. Lesko		((1)	17-17382				
Electricity, heat, natural gas	ebtor 2	Megan Alayna Gay-Lesko	Case numl	oer (if known)	11-11304				
60.	Utili	ties:							
66. Telephone, cell phone, Internet, satellite, and cable services 6d. \$ 0.0. 6d. Other, Specify: 6d. \$ 0.0. Food and housekeeping supplies 7, \$ 650.0 Childcare and children's education costs 8, \$ 0.0. Clothing, laundry, and dry cleaning 9, \$ 130.0 Personal care products and services 10, \$ 125.0 Medical and dental expenses 111, \$ 200.0 Personal care products and services 111, \$ 200.0 Transportation. Include gas, maintenance, bus or train fare. 200.0 Con tinclude car payments. 200.0 Con tinclude car payments. 12, \$ 450.0 Con tinclude car payments. 14, \$ 0.0.0 Charitable contributions and religious donations 14, \$ 0.0.0 Insurance. 0.0 to include insurance educated from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 247.0 15b. Health insurance 15b. \$ 0.0.0 15c. Vehicle insurance educated from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15b. \$ 0.0.0 15c. Vehicle insurance 9, \$ 0.0.0 15c. Vehicle 1 17a. \$ 476.0 17c. Car payments for Vehicle 1 17a. \$ 476.0 17c. Car payments for Vehicle 1 17a. \$ 734.0 17c. Car payments for Vehicle 1 17a. \$ 734.0 17c. Car payments for Vehicle 1 17a. \$ 0.0.0 17c. S 0.0.0	6a.	Electricity, heat, natural gas	6a.	\$	235.00				
6d. Other. Specify: Food and housekeeping supplies Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 135.0. Medical and dental expenses 11. \$ 200.0. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance, specify: 17d. Car payments for Vehicle 1 17a. \$ 476.0 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 19d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i), other payments on vehicle 2 17d. Other. Specify: 19d. Other Specify: 19d.	6b.	Water, sewer, garbage collection	6b.	\$	63.00				
Food and housekeeping supplies 7. \$ 650.0	6c.		6c.	\$	330.00				
Food and housekeeping supplies 7. \$ 650.0	6d.	Other. Specify:	6d.	\$	0.00				
Ciolting, laundry, and dry cleaning 9. \$ 130.0. Personal care products and services 10. \$ 125.0. Medical and dental expenses 11. \$ 200.0. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.0. Charitable contributions and religious donations 14. \$ 0.0. Charitable contributions and religious donations 15. Life insurance educated from your pay or included in lines 4 or 20. 15. Leath insurance 15. \$ 0.0.0 15b. Health insurance 415. \$ 0.0.0 15c. Vehicle insurance 515. \$ 0.0.0 15c. Vehicle insurance 515. \$ 0.0.0 15c. Vehicle insurance 515. \$ 0.0.0 15d. Other insurance 515. \$ 0.0.0 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.0.0 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0	Foo		7.	\$	650.00				
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Personal care products and services 10. \$ 200.0	Clot	hing, laundry, and dry cleaning	9.	\$	130.00				
Medical and dental expenses		G. J. J. G.	10.	\$	125.00				
Transportation. Include gas, maintenance, bus or train fare.		·		\$	200.00				
Do not include car payments. 12. \$ 450.0		•		*					
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 16. Specify: 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Spe			12.	\$	450.00				
Insurance	. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00				
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. \$ 188.0 1.05c. \$. Cha	ritable contributions and religious donations	14.	\$	0.00				
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Specify: 16. \$ 0.0	15d.	Other insurance. Specify:	15d.	\$	0.00				
Specify: 16. \$ 0.0	. Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.							
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		Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a							
modification to the terms of your mortgage?			i mongage p	ayını c ını to incre	case of decrease because of a				
■ No.		, , ,							
Yes. Explain here:									